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COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE **ANNUAL REPORT DUE JUNE 30, 2007**



ORGANIZATION ID#

STATE OR COUNTRY OF INCORPORATION

ΚY	

ORGANIZATION DATE

01/10/1957

FILING FEE

\$4.00

0023330	OF INCORPORATION	1	DAIL	FEE	
0023330					
(1) EXACT CORPORATE	E NAME AND CURRENT PRIN	ICIPAL OFFICE ADDRI	ESS		
	S FOUNDATION, INC.				
3110 LEXINGTON LOUISVILLE, KY	NRD. 40206	RECEIVED	(3) THE PRINCIPAL OFFICE A	ADDRESS IS HEREBY CHANGE	р то
		APR 1 6 2007			
Changes made to the regis	SE CO; AGENT AND REGISTERED OFFI tered agent or registered office can orm to be mailed or download form	CRETARY OF STATE MOONWESS TH OF KY not be made on this form.			
BEN JOHNSON TA 501 S. 2ND. ST. LOUISVILLE, KY 40	LBOTT, JR.	Comment of the Commen	(4) MAIL A STATEMENT OF C	HANGE OF AGENT OR OFFICE	To To
be returned if business add	(5) is blank, type or print the name dresses are not listed. If the corpor is in the principal officers and give t	ation has previously filed an	annual report, verify the names a	If sole officer, please note. The an ind titles of officers listed below. F	nual report will Please note
Vice President Be	en J. Talbott, Jr. BRENT	BOLAND	110 TRAVOIS	RD. LOUISVII	JE, KJ 4021
Treasurer	OURINEY MYGATT KE	W BERRYMAN	2207 ARDSLE)	/ RD LOUISVIL	LE, KY 4021
	(YLE HIBBS FRE)	SUTTERLIA	4307 BRIARWO	DAD YOURSAIN	E, KY 4021
President MI	CHAEL JONES		2455 BARDSTOU	DN RD LOUISVILL	E, KY 4020
			Address		
(6) DIRECTORS Type or pri (KRS 271B.8-010(3)). No	int the names and business addre	esses of the corporation's d ree (3) or more directors (h	irectors. No listing of directors is v (RS 273.211). The annual report v	verification that the corporation ha will be returned if business addres	s dispensed with direct ses are not listed.
BEN TALBOT	F BRENT BOL	AND	110 TRAVOIS T	D LOUISVILLE	Ky 40207
Name COURTNEY N	HYGATT KEN BER	RYMAN	2207 ARDSLEY R	D LOUISVILLE	KY 40207
Name MICHAEL JON	NES		Address BARDS TOW	NRD LOUISVILLE	KY 40205
Name		·	Address		
Check here if you ar	re a cooperative corporation e a rural electric or rural tele	phone cooperative cor	poration organized under K		ECUTED.
~	7	Michael Any	thong Jones	President Title	4-06-07
Signature of Officer of	or Chairman of the Board	Type or Pri	nt Name	Title	Date
ANNUAL REPORT AN Submit for filing the comp not send cash.	ND FILING FEE	orrect filing fee as indica	ted above. Make check payab	ole to the <i>"Kentucky State Tre</i>	easurer". Please do
MAILING ADDRESS	OFFICE LOCATION	N NOTE: P	Box 1150 is for		

Trey Grayson Secretary of State P O Box 1150 Frankfort, KY 40602-1150 Secretary of State

State Capitol, Room 154 700 Capital Avenue Frankfort, KY 40601 (502)-564-2848

annual report filings only.